## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

**Application or Docket Number** 

10/560696

|   |  |   |              | 101                            |                     | 4 · U /          | 4         |                    |                        |                            |                            |                        |  |
|---|--|---|--------------|--------------------------------|---------------------|------------------|-----------|--------------------|------------------------|----------------------------|----------------------------|------------------------|--|
|   |  | CLAIMS A                                  | (Column 1)   |                                |                     | 0-1              | SMALL ENT |                    | TITY                   | OTHER THAN OR SMALL ENTITY |                            |                        |  |
| U.S.  | NATIONAL S                                     | STAGE FEES                                | (Coil        | irrift 1 <i>)</i>              | (                   | Column 2)        | 1 [       | RATE               | FEE                    |                            | RATE                       | FEE                    |  |
| BASIC FEE   |  |   |              |                                |                     |                  | В         | ASIC FEE           |                        | OR                         | BASIC FEE                  | 380                    |  |
| EXAMINATION FEE   |  |   | <del> </del> |                                |                     |                  | 1  ₌      | XAM. FEE           |                        |                            | EXAM. FEE                  | 200                    |  |
| SEARCH FEE  |  |   |              |                                |                     |                  | s         | EARCH FEE          |                        |                            | SEARCH FEE                 | 407                    |  |
| FEE FOR EXTRA SPEC. PGS.                                      |  |   | minus 100 =  |                                |                     | / 50 =           | 1         | X \$ 125 =         |                        |                            | X \$ 250 =                 | , ,                    |  |
| TOTAL CHARGEABLE CLAIMS                                       |  |   | 3            | minus 20 =                     | *                   |                  | 1         | X \$ 25 =          |                        | OR                         | X \$ 50 =                  |                        |  |
| INDEPENDENT CLAIMS  |  |   | 1            | minus 3 =                      | *                   |                  |           | X \$ 100 =         |                        | OR                         | X \$ 200 =                 |                        |  |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PRI                            | ESENT        |                                |                     |                  | 1         | + \$ 180 =         |                        | OR                         | + \$ 360 =                 |                        |  |
| * If  | the difference                                 | in column 1 is                            | less than ze | ero, enter "C                  | )" in co            | lumn 2           |           | TOTAL              |                        | OR                         | TOTAL                      | 900                    |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3) |  |   |              |                                |                     |                  | , ,       | SMALL ENTITY       |                        |                            | OTHER THAN OR SMALL ENTITY |                        |  |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID  | BER<br>DUSLY        | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                             |                     | =                |           | X \$ 25 =          |                        | OR                         | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus        | ***                            |                     | =                |           | X \$ 100 =         |                        | OR                         | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                |                     |                  |           | + \$ 180 =         |                        | OR                         | + \$ 360 =                 |                        |  |
|   |  |   |              |                                |                     |                  | T         | OTAL ADDIT.        |                        | OR                         | TOTAL ADDIT.<br>FFF        |                        |  |
|   |  | (Column 1)                                |              | (Colur                         | nn 2)               | (Column 3)       |           |                    |                        |                            |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT | :            | HIGH<br>NUMI<br>PREVIO<br>PAID | EST<br>BER<br>DUSLY | PRESENT<br>EXTRA |           | RATE               | ADDI-<br>TIONAL<br>FEE |                            | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus        | **                             |                     | =                |           | X \$ 25 =          |                        | OR                         | X \$ 50 =                  |                        |  |
|   | Independent                                    | *   | Minus        | ***                            |                     | =                |           | X \$ 100 =         |                        | OR                         | X \$ 200 =                 |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |              |                                |                     |                  |           | + \$ 180 =         |                        | OR                         | + \$ 360 =                 |                        |  |
|   |  |   |              | ··                             |                     |                  | Ť         | OTAL ADDIT.<br>FFF |                        | OR                         | TOTAL ADDIT.               |                        |  |
|   |  |   |              |                                |                     |                  |           | •                  |                        | •                          |                            |                        |  |

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.